



Board of Pharmacy  
PO Box 1099  
Olympia WA 98507-1099  
(360) 236-4830

**Fee \$60.00**

## APPLICATION FOR PHARMACY ANCILLARY UTILIZATION

**NOTE: Utilization Plans for Technicians and Assistants must accompany this application.**

*Please Print or Type*

1. Name of Pharmacy \_\_\_\_\_
2. Business Address \_\_\_\_\_
3. Business Telephone \_\_\_\_\_
4. Name of Responsible Pharmacist \_\_\_\_\_
5. Professional License # of Responsible Pharmacist \_\_\_\_\_
6. Pharmacy Location License # \_\_\_\_\_
7. Number of Pharmacists Employed \_\_\_\_\_
8. Number of Technicians Employed \_\_\_\_\_
9. Number of Assistants Employed \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF RESPONSIBLE PHARMACIST

\_\_\_\_\_  
DATE